

SUBDIVISION VACATION APPLICATION

STEVENS COUNTY LAND SERVICES—PLANNING DIVISION

Street Address: 260 S. Oak—Courthouse Annex, Colville, WA

Mailing Address: 215 S. Oak—Courthouse Annex, Colville, WA 99114

Phone: 509-684-2401 Fax: 509-684-7525

www.co.stevens.wa.us/LandServices/index.php

FOR OFFICE USE ONLY

File Number: _____

Receipt: _____

Date Received: _____

(Type #3 Application)

Application Checklist:

- Application fee: \$400.00** payable to Stevens County Land Services.
- Completed application** form.
- Title Report or Plat Certificate**, issued within the previous thirty days.
- One copy of the plat** to be vacated.
- One copy of the restrictive covenants**, if applicable. **NOTE:** If the request to vacate the subdivision would result in the violation of a covenant, a document signed by all parties subject to the covenants agreeing to terminate the relevant covenant to allow the vacation of the subdivision must accompany this application.
- Notarized Signatures** of all parties having an ownership interest in the portion of the subdivision to be vacated. This includes all contract owners, deed holders and lien holders. This *does not* include mineral right or easement owners.

APPLICANT SIGNATURES

This application is subject to all additions to and changes in the laws, regulations and ordinances applicable to the proposed subdivision until a Determination of Completeness is issued pursuant to SCC 3.30.110.

I certify that the information contained on this application is true, complete and accurate to the best of my knowledge. I understand that information will be used by Stevens County for determining whether this proposal meets the Decision Criteria. I hereby grant to Stevens County, the right to enter the above-described location to inspect the proposed work.

Signature of: (Circle one) Property Owner Primary Contact/Agent*

***NOTE:** As per SCC 3.30.100, Property owner is required to sign the application if the Agent does not have written proof of authorization.

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CONTACT INFORMATION

Primary Contact: _____

Mailing Address: _____

City _____ State _____ Zip _____

Day Time Phone: _____ Fax: _____

Email Address: _____

Property Owner(s): _____

Mailing Address: _____

City _____ State _____ Zip _____

Day Time Phone: _____ Fax: _____

Email Address: _____

LEGAL DESCRIPTION

Tax Parcel Number(s) to be vacated: _____

Name of subdivision to be vacated:

Sec. _____ Twp. _____ Rge. _____

Total Number of Lots: _____

Total Acreage: _____

CURRENT PROPERTY USE

Please describe the current use of and the existing structures on the property with distances to property lines and dimensions:

